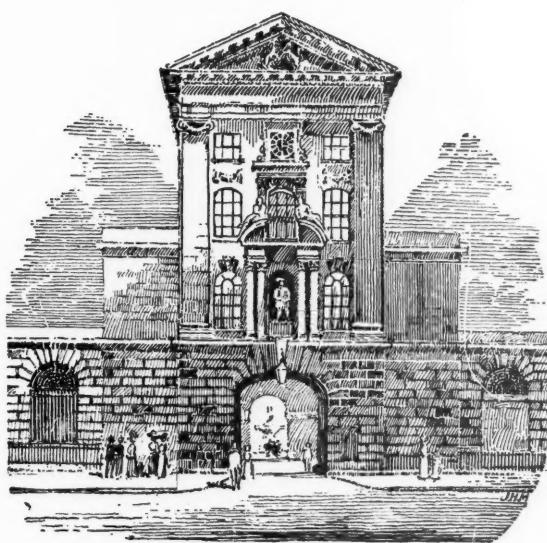


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"Æquam memento rebus in arduis
Servare mentem."

—Horace, Book ii, Ode iii.

JOURNAL.

VOL. XXXII.—No. 4.]

JANUARY 1ST, 1925.

PRICE NINEPENCE.

CALENDAR.

Fri., Jan. 2.—Sir P. Horton-Smith Hartley and Mr. McAdam Eccles on duty.

Sat., „ 3.—Rugby Match v. Harlequins. Home.
Association Match v. R.N.C. Home.

Mon., „ 5.—Dress Rehearsal.

Tues., „ 6.—Sir Thomas Horder and Mr. Rawling on duty.

Tues., „ 6. } At 8 p.m., Amateur Dramatic Society.
Wed., „ 7. } Four One-Act Plays.
Thurs., „ 8. }

Fri., „ 9.—Dr. Langdon Brown and Sir C. Gordon-Watson on duty.

Sat., „ 10.—Rugby Match v. Old Blues. Home.
Association Match v. Old Cholmelians. Home.

Mon., „ 12.—Rugby Match v. Bristol. Home.

Tues., „ 13.—Prof. Fraser and Prof. Gask on duty.

Fri., „ 16.—Dr. Morley Fletcher and Sir Holburt Waring on duty.

Sat., „ 17.—Rugby Match v. Bradford. Away.
Hockey Match v. London Hospital. Home.

Tues., „ 20.—Sir P. Horton-Smith Hartley and Mr. McAdam Eccles on duty.

Last day for receiving matter for February issue of Journal.

Fri., „ 23.—Sir Thomas Horder and Mr. Rawling on duty.

Sat., „ 24.—Rugby Match v. Devonport Services. Away.
Association Match v. R.N.C. Away.
Hockey Match v. St. Albans. Away.

Tues., „ 27.—Dr. Langdon Brown and Sir C. Gordon-Watson on duty.

Fri., „ 30.—Prof. Fraser and Prof. Gask on duty.

Sat., „ 31.—Rugby Match v. Old Leysians. Home.
Association Match v. St. John's College, Cambridge, Away.
Hockey Match v. St. Lawrence College. Away.

EDITORIAL.



E wish our readers a Happy and Prosperous New Year. This year will witness the completion of still more of the Hospital's reconstruction schemes. The British workman has already departed from the new laboratory in the pathological block, and Sir Bernard Spilsbury is to be heartily congratulated upon the result of his careful planning and consideration. Elsewhere will be found a short account of this addition to the equipment of the College.

Following upon a period of more than ordinary inconvenience, the cloak-room now approaches working order in its enlarged domain.

We have witnessed dripping disconsolate labourers removing the first blocks of the Little Britain Gate towards its new abode. The steel girders for the new section of the Nurses' Home can be seen from the back ward windows, stretching up their hideous length from a wilderness of brick behind the east wing. We are told that the perpetrator of the remark that this new building will make Darker darker has already been suitably tortured.

* * *

It is with profound regret that we record the sudden death of our Senior Physician Accoucheur, Dr. Herbert Williamson. The news of his death came as a stunning blow to our community, and students and Staff alike will feel acutely this loss to our Hospital and Teaching Staff. Others can speak with more authority of his past achievements and reputation outside the Hospital, but we ourselves feel that a finer lecturer, a better teacher and a more striking personality has not figured among those who have taught us in this College.

* * *

We regret to record the death of Mr. Paul Waterhouse, a Governor and consulting architect to the Hospital.

Mr. Waterhouse was educated at Eton and Balliol College, Oxford. He was a past President of the Royal Institution of British Architects, and monuments of his work are scattered throughout the country.

We offer our most hearty congratulations to our Senior Surgeon, Sir Holburt Waring, on his admission to the Order of Knighthood.

* * *

We shall welcome back to our midst this month Mr. J. B. Hume, who has been in the States for the past year. We extend our best wishes to Mr. Corbett, who leaves us immediately to take over the position vacated by Mr. Hume.

* * *

Even more enthusiasm than in former years was put into the Christmas Day ward shows. Thirteen concert parties "took the boards," and each performed at least six times during Christmas afternoon and evening.

The first surgical box proved too feeble accommodation for the vigorous rehearsers, and about ten days before Christmas a second piano was installed in the surgery.

It is always extraordinarily difficult to see every party go through its performance—and this is perhaps as well, as comparisons in such matters are quite uncalled for. Yet one may be pardoned for making individual mention of the production of Sir Thomas Horder's firm. The genius of Mellows was never seen to better effect.

One hears that throughout the high standard of former years was ably upheld, and the happy result was in no small measure due to the energy and skill of Sister Theatres, Miss Stevenson and the theatre nurses, who, as in former years, produced the bulk of the costumes. We are also cheered at the discovery that we were not the only people for whom the theatre needles gyrated this Christmas time. The amateur costumieres did a little on their own account, and certain yellow and black costumes which did not appear in the wards nevertheless gladdened the hearts and eyes of one section of the Hospital workers.

Riotous delights reigned in the Surgery on Boxing Day. Well over two hundred children were feasted in a fairy palace. The lift-shaft made an excellent chimney down which Father Christmas (otherwise Mr. Ware) descended and was met by three bears. From a huge cracker, twelve feet long, the fourth bear emerged, and from the Christmas tree a present was handed to each of the children. Several of the troupes, apparently indefatigable, performed again on Boxing Day, and one party claims to have worked up its total to twelve appearances in the two days.

The JOURNAL has not yet descended to cross-word puzzles, but we present on page 58 a somewhat original competition which we hope will appeal to the erudite among our readers.

We offer our best wishes to Miss Ironside, better known to us as Sister Abernethy, who is to be married on January 8th, at Highgate, to Mr. J. Ernest Atterbury.

Miss Ironside's position in Abernethy has been taken by Mrs. Cotes.

* * *

We congratulate the following on their appointments as Chief Assistants :

Mr. G. B. Tait (to Dr. Morley Fletcher).

Mr. G. K. Stone (to Sir Thomas Horder).

Mr. A. C. Visick (to Sir Charles Gordon Watson).

Dr. G. Bourne (to Electro-Cardiographic Department).

OXFORD BART.'S CLUB DINNER.



HE Third Annual Dinner of the Oxford Bart.'s Club was held at the Langham Hotel on Tuesday, November 25th.

Sir D'Arcy Power was in the Chair.

Thirty-seven members and guests were present.

After the King's health and that of H.R.H. the Prince of Wales, who is an honorary member of the Club, the Chairman proposed "The Hospital, the 'Varsity, and the Club."

He took the Hospital first, as being the older institution, and showed us a copy of the smallest history of Bart.'s, the original of which he had sent to the Queen's Dolls' House.

He gave figures to show how steadily the Medical School at Oxford was increasing.

Dr. Henry Burroughes then recited his famous "Mrs. Cooper," which was much appreciated.

Sir Bernard Spilsbury proposed "The Visitors," and in reply Dr. Morley Fletcher said that he was thankful to be called upon with no previous warning, which would have interfered with his enjoyment of the dinner.

Sir Archibald Garrod then proposed "The Chairman," and told us of his earliest acquaintance with him.

Mr. Vick proposed "The Secretaries," telling three election stories.

Mr. Crook and Mr. Harding replied.

Life-insurance examination of a policeman: Doctor asks, "What are your height and weight?" Man answers, "Six foot and 12 st." Doctor says, "Get on the scales." Man does so and sees indicator swing round to 11 st. 2 lb. A pause, and then policeman exclaims, "Well, I'm blowed! I weighed 12 st. this morning down at the mill. (Long pause.) And that's where I buy my chicken-food, too."

HÆMOPHILIA.

By H. W. C. VINES, M.D.

HE classical condition of hæmophilia is constituted by an inherited tendency in certain males to bleed in excess of the normal and on the slightest provocation. Such a tendency has a characteristic transmission; it does not necessarily pass from one generation to the next, but is transmitted through the female, and appears only in the male offspring. The genealogical tree of the first case to be described demonstrates these points. As far as the record goes, there were two brothers, both hæmophilic, one of whom married. He had two daughters and four sons, all of whom were normal; one of the daughters married and had two sons, of whom one was hæmophilic and the other normal. I was able to see both these boys; one came into hospital for uncontrolled bleeding, and his coagulation time was abnormally prolonged; in the other the coagulation time was normal.

The history of a true hæmophilic reveals usually a series of occasions on which undue haemorrhage from superficial wounds has occurred. The four points which are necessary for the identification of the true bleeder are first that he must be a male, second, the family history of the type described, third, the occurrence of haemorrhages, and finally, a history of haemorrhage into one or more joint-cavities, and of these the knee-joint is the most commonly involved. The history of Case 1 is typical in all these respects:

July, 1917: Injury to scalp; large hæmatoma.

September, 1917: Bleeding for five days from cut lip. Several attacks of bleeding; very blanched.

May, 1918: Pain and swelling of right ankle-joint; bleeding from gums. 10 c.c. of horse-serum and transfusion.

June, 1918: Left elbow painful; hæmatoma over internal malleolus; bleeding from gums. Transfusion.

September, 1918: Graze on left temple; small hæmatoma; effusion into left knee-joint.

January, 1919: Effusion into left knee-joint. Attempt to transfuse unsuccessful; bleeding from incision; coagulation time ratio 4·6.

February, 1919: 10 c.c. normal blood injected into buttock; coagulation time ratio 4·6.

March, 1919: On admission bleeding from cut over right eye; bruising over right maxilla; effusion into left knee-joint.

As the patient was only six years old his career had been a truly chequered one.

The treatment of hæmophilia falls into two divisions: (1) The emergency treatment of the haemorrhages, and (2) the treatment of the causal condition.

(1) Though hæmophilia is fortunately a rare condition, there is no outward and visible sign to differentiate the bleeder from his normal fellows. Accidents with hæmophiles occur most frequently in minor operations, such as the removal of tonsils and adenoids, circumcision and the extraction of teeth. With the possible exception of being able to pack the tooth-socket sufficiently tightly to control the bleeding, it is not possible in such cases to get efficient pressure on the bleeding area. Whenever in accident cases the wound is over a bony surface on which pressure can be obtained by a firm bandage the haemorrhage can usually be controlled, and it is safe to stitch the wound if it is extensive. Epistaxis and bleeding from the gums are common types of haemorrhage and are difficult to deal with; bleeding from any mucous surface may occur, giving rise to melæna or hæmaturia.

The sovereign cure for hæmophilic haemorrhage is transfusion, and it should be done as early as possible after the selection of a suitable donor. While its effect is only temporary and may not last for more than a few hours, yet it may be the means of saving the patient's life. In the event of transfusion being impossible, serum, preferably fresh, may be given, though there is some risk of a hæmatoma forming at the site of injection if the subcutaneous route is used. One or two grains of calcium chloride may be injected intramuscularly and the dose repeated in a few hours, or collosol calcium may be used alternatively. The effect produced, if any, is not due to an increase in the calcium content of the body-fluids, since the amount given is too small, and in any case the calcium content of the blood of hæmophiles is usually normal. There is probably a local action on the tissue-cells at the site of injection, causing a liberation of thrombogenic substances—possibly the tissue lipoids. This injection has also been found of value in dealing with post-partum haemorrhage.

Other measures which may be taken are the application of the usual styptics—often useless—or of dressings moistened with fresh serum, coagulose or hæmostasin. These latter substances may also be used as injections, but as they are preparations of horse-serum, the possibility of anaphylaxis must be borne in mind, and a test dose should be first given intradermally.

The treatment of hæmophilic joints is often unsatisfactory until the coagulation time has been controlled. Movement may cause a further effusion, and complete rest may lead to fibrous ankylosis. It seems that once a haemorrhage has occurred into a joint, the latter tends to become the site of election for subsequent

haemorrhages, and eventually arthritic changes and distortion may occur.

(2) The treatment of the haemophilic state as apart from the emergency treatment of the haemorrhages is of a different order. The measures which have just been recorded are all transient in their actions, and though the permanent reduction of the coagulation time in haemophiliacs cannot be effected with certainty, it can be maintained about the normal level for considerable periods.

The examination of the blood in haemophilia is singularly negative; the only definite fact is that the coagulation time is very much prolonged, so that an hour or more may elapse before a clot is formed *in vitro*. Unless a severe haemorrhage has recently occurred the blood-cells are normal, including the blood-platelets; in purpura the blood-platelets are usually decreased, and the coagulation time is not much prolonged.

The substances necessary for normal blood coagulation are thrombokinase, calcium, thrombogen and fibrinogen. The combination of the first two converts the thrombogen to thrombin, and this in turn causes the formation of fibrin from fibrinogen. In haemophilia it seems that there is a quantitative or qualitative deficiency of the thrombokinase. Such evidence as there is points to the probability that thrombokinase is a combination of a protein with a phospholipin—either cephalin or lecithin—and it is possible that in haemophiliacs the lipoid is either present in too small an amount, or that its physical state is such that rapid combination with calcium is prevented.

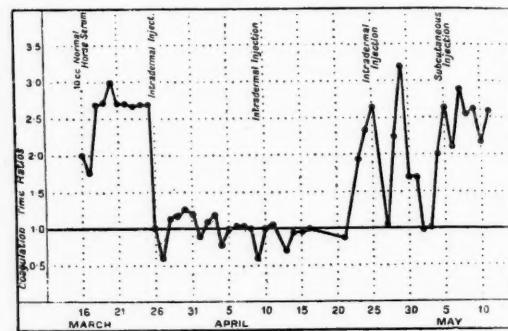
It was observed by Richet and Besredka that hypercoagulability of the blood may occur during anaphylaxis, and it is on this observation that the method of treating the haemophilic state is based. It is generally stated that the blood in anaphylactic shock becomes incoagulable, but many observers have noted a period of increased coagulability immediately preceding the lengthening of the coagulation time, and it would seem that the duration of this period is inversely proportionate to the severity of the anaphylactic shock. Dufour and Le Hello have claimed to be able to control severe haemorrhage by the injection of the sera of anaphylactic animals, establishing as it were a passive anaphylaxis in the patient; they do not, however, state the duration of this period of increased coagulability. The following cases were treated in St. Bartholomew's Hospital on these lines—that is to say, by the induction of the slightest form of anaphylactic reaction possible. The method used was to give an injection of horse-serum—say 5 c.c.—to wait ten days, and then to give a second dose of one minim of the same serum intradermally.

CASE 1.—The genealogy and past history of this case

have already been referred to. The condition on admission was as follows. There was an oozing cut over the right eye, bruising of the right maxilla, and a fluid effusion into the left knee-joint. The wound was stitched and a tight bandage applied; by these means the haemorrhage was controlled, although the cellular tissue of both orbits became infiltrated with blood. 10 c.c. of normal horse-serum were given subcutaneously.

Chart I shows the ratio of the patient's coagulation time to that of a normal control. At the first reading the patient's time is twice as long as the control, rising at the fourth point to three times as long, and so on. This form of record was adopted, as coagulation times had to be taken in the ward under inconstant conditions of temperature from day to day.

CHART I.



On the tenth day after admission the bandage slipped and the cut on the forehead began to bleed again. It was thought advisable to give a further dose of serum, but as it was now ten days since the previous dose, the danger of anaphylactic shock had become possible. An intradermal injection of one minim of serum was therefore given as a test, and a strongly positive reaction was obtained in the form of an urticarial wheal at the injection site, showing that the patient was sensitized. The coagulation time was observed twelve hours later, and was found to be normal.

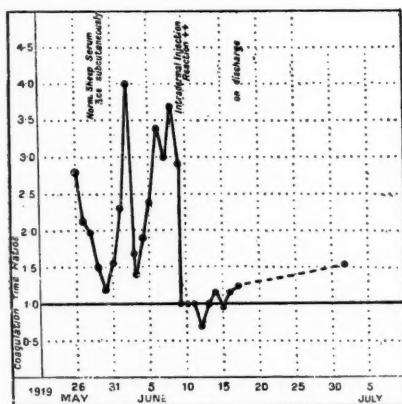
Five days later the bandage and stitches were removed from the head wound. Some bleeding occurred, as the stitches were embedded in a thick scab, but it was no more than might have been expected in a normal individual, and it soon ceased. The condition of the patient remained the same for the next twenty-nine days; passive movements of the swollen knee were carried out, and no further haemorrhage took place into the joint.

Twenty-nine days after the coagulation time became normal it again began to rise. An intradermal injection of horse-serum produced a slight reaction and a subsequent fall in the coagulation time, but this was not

maintained, and it was obvious that the anaphylactic period was passing. A further injection a few days later produced no reaction at all, and the coagulation time had returned to the level it originally held. It thus appeared that the duration of the period of reduced coagulation time ran parallel with the duration of the anaphylactic state, for both had lasted about forty days. That the period of anaphylaxis to horse-serum in this patient was a short one is shown further by the fact that he had had an injection of 10 c.c. of the serum within sixty days of his present admission, and yet had shown no sign of reaction to the subcutaneous injection given in the present instance.

The patient was then sensitized to sheep's serum and the other observations repeated (Chart II).

CHART II.



Immediately after the intradermal injection, which was given ten days after the primary injection, the coagulation rate was measured hourly. It was found that the fall to the normal level was relatively rapid, being complete in two hours, but incomplete in one after the injection. The patient was soon after discharged.

CASE 2.—Male, æt. 17, brought to hospital for continuous bleeding from a cut on the mucous surface of the upper lip.

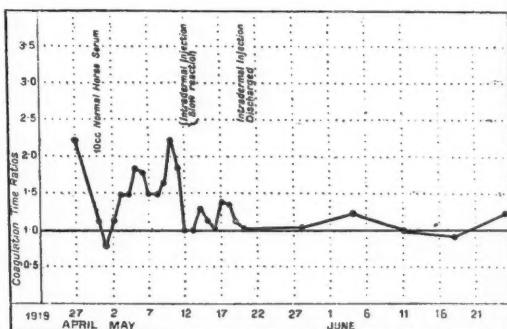
This patient was a less severe type of case in comparison with the previous one. During his life he had had severe haemorrhages from various slight wounds, profuse bleeding following tonsillotomy, and a haemorrhage into the left knee-joint. His present wound had been caused by a fall from a bicycle, and had been oozing for thirteen days.

The same treatment was followed as in Case 1 and with the same result (Chart III). On discharge from hospital the patient returned to his occupation as a

packer and came up at intervals for observation. A week after his discharge he stated that his gums no longer bled after cleaning his teeth, though this had always happened previously. During the following week he cut his thumb rather severely, but the bleeding was no greater than in a normal person, and only lasted ten minutes. It must be remembered that in haemophiliacs deep clean-cut wounds are less liable to be followed by uncontrollable haemorrhage than are wounds of a more superficial order. When the patient was last seen, fifty days after his discharge from hospital, no further haemorrhage had occurred.

I then sensitized myself to sheep's serum, and found that even a normal coagulation rate may be reduced a little by the method described. During the period of sensitization, before the intradermal injection was

CHART III.



given, localized crops of urticarial wheals appeared on the injected arm, being centrifugal as regards the site of injection. Each crop was accompanied by the usual irritation, and by a slight prolongation of the coagulation time.

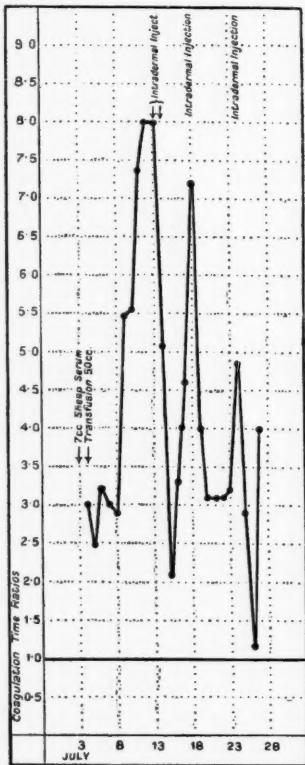
CASE 3.—(Chart IV.) This case is shown to indicate that the treatment outlined is not necessarily always effective. The patient, a boy æt. 4, was brought to hospital for uncontrolled epistaxis. His history starts with prolonged bleeding following circumcision at the age of nine months; throughout epistaxis predominates, while other haemorrhages from mucous surfaces causing melena and haematuria are recorded. He had five uncles, all of whom died from haemophilia.

The points to notice in the chart are that while transfusion controlled the epistaxis immediately, it did not produce a normal coagulation time; in the second place, the coagulation ratio rises to a very high figure as compared with the two previous cases; and finally, though some reduction was obtained by the intradermal injection, the normal level was never reached, and such reduction as there was could not be maintained. These

three cases therefore represent the moderate, mild and severe types of the disease.

How far this form of treatment may be applicable it is hard to say. It is obvious that it can only be used in those cases where a history of excessive bleeding is known. Its value as a remedy for the causal state of haemophilia is seen to depend upon the duration of sensitization to the serum used—a factor which seems in man to be variable. It is possible that some use may be found for the method in the treatment of haemophilic

CHART IV.



joints, so that movement may be carried out without fear of causing a further effusion. The method is of no value in the emergency treatment of haemophilic haemorrhage, but where in a known bleeder any operation other than an emergency one is necessary, it is possible that the control of the coagulation rate might be effected by the means described. Since, however, the effectiveness of transfusion, though temporary, is so certain, the experiments recorded have but little more than an academic interest.

I desire to thank the Editors of the *Quarterly Journal of Medicine* for their kind permission to reproduce the illustrative charts in this article.

TREATMENT OF GONOCOCCAL INFECTION BY DIATHERMY.

By E. P. CUMBERBATCH.

(Continued from p. 36.)

In the December number of the JOURNAL it was pointed out that the lethal temperature for the gonococcus was low, and that the organism could not survive if the infected tissues were heated for a sufficient length of time to a temperature not high enough to damage them. It was shown that the diathermy current was the only means of heating the tissues through and through, and that it could be used to heat an infected part *en masse* and destroy the gonococci. That it is possible to cure or arrest gonococcal arthritis by diathermy has been shown by the results obtained in the Electrical Department since 1913. It was found that these results could be obtained by applying diathermy to the regions primarily infected, even if the joints were excluded from the treatment. It is now our custom, when we receive cases of gonococcal infection in the female, to apply diathermy to the *urethra* and *cervix uteri*. This is done whether the patient is young or old, married or single, a multipara or nullipara, whether the infection is in one or both of the parts named or has spread to the tubes and ovaries, or has become disseminated among joints or fibrous tissues.

The method which we have adopted for applying diathermy to the urethra and cervix in married women is the following: One electrode is placed in the urethra, and the circuit is completed by means of a belt of sheet lead placed round the pelvis. The urethral electrode is a metal tube $\frac{3}{16}$ in. in diameter. It is passed into the urethra until its end reaches the internal meatus; it is therefore introduced for 3 in. The current is started and increased little by little. The patient soon becomes aware of the sensation of heat within the urethra. The heat becomes more intense as the current is increased, and a point is reached when the sensation of heat changes to one of pain. The current is then reduced until the pain disappears, and it is maintained at this strength for ten minutes. The reading of the ampèremeter is accurately noted and the current is then stopped.

We have devised an electrode for the urethra containing a thermometer, and have used it in a number of cases in order to ascertain the temperature to which the urethra is heated. We have found that the patient is usually nervous at her first treatment and complains of pain at a temperature of 110° F. or lower, but when her confidence is gained the change of sensation from heat to pain takes place between 114° and 115° F. This has been found to be the case in all the patients in whom the

measurement has been made. In routine work we prefer to rely on the sensation of the patient rather than the reading of the thermometer. Corrections have to be made when the thermometer is enclosed in a metal case. The reliance on the sensations of the patient has not been misplaced, since we have never caused any burns or produced any reaction sufficient to cause pain during micturition.

The cervix is now treated. It is brought into view by passing a speculum *per vaginam*. A bougie electrode is passed into the canal. This electrode is made of a pliable tin-lead alloy, and has a diameter of $\frac{3}{16}$ in. when used for the cervix of multiparæ. The circuit is completed by means of the belt electrode which was used when the urethra was treated. When passing the current we are unable to rely on the sensations of the patient, because the cervix is insensitive to heat and pain. In our earlier work we were unable to judge the strength of current that would heat the cervix to the desired temperature, viz. 114° F. In some cases the cervix was insufficiently heated, while burns were produced in others. The difficulty was finally overcome in the following way. The current applied to the cervix was calculated from that applied to the urethra. If the electrode passes for $\frac{3}{4}$ in. into the cervix and has the same diameter as that used for the urethra, the area of contact made by the cervix with its electrode is one-half of that made by the urethra with the urethral electrode. If now the current applied to the cervix is half of that applied to the urethra the current-density will be the same in each part, and the temperature produced in the cervix will be the same as that produced in the urethra. By means of an electrode containing a thermometer we have often shown that this is the case. In routine work we do not often use the thermometer electrode for the cervix. It cannot be bent, and the same objections apply to it as to the urethral electrode with a thermometer.

If the patient is nulliparous and the canal of the cervix has a smaller diameter, a narrower electrode must be used and the current reduced in proportion.

At each session the urethra and cervix are treated, and the current that produces the maximum heat that the patient can bear in the urethra without pain is measured in order to determine the current that should be used for the cervix. The treatment is given twice weekly, and from three to five sessions are held. It is rarely necessary to hold more.

If a vaginal speculum cannot be passed, as is the case with virgins and children, we apply diathermy to the cervix and urethra by the rectal route. One electrode is passed into the rectum, and the circuit is completed by means of a belt electrode around the pelvis. Our most

recent rectal electrode is a hollow metal case, oval in cross-section, and containing a thermometer. In adult patients we find that the sensation of heat changes to one described as a painful ache at 114° F. The treatment is continued for twenty minutes, and repeated twice weekly until six to eight sessions have been held. Children tolerate diathermy applied by the rectal route quite well as soon as their alarm has been dispelled. We have treated two children who were only 2½ years old.

When the current is applied to the uterus through the rectal wall the temperature attained in the cervix is 5 to 6 degrees lower than that in the rectal wall. For this reason we make the sessions longer and repeat them more often. In children we do not attempt to procure a temperature sufficient to cause pain.

The application of diathermy to the cervix and urethra by either of the methods above described can be relied on to procure the following results in gonococcal arthritis: abolition of pain, reduction of swelling, and increase of the range of movement. If structural changes have not taken place in the joints all symptoms and signs will disappear. If structural changes are present some stiffness and swelling will remain after the diathermy, but pain will disappear and the joints will then be ready for other forms of physical treatment. The latter can be applied without causing return of pain, and useful joints can be obtained. Some of our patients suffered from multiple arthritis and were confined to bed before the treatment. After a course of diathermy, with or without physical exercises, they were able to resume their work. In all the cases which we were able to trace we found that the results had been maintained.

The recital of details of cases is tedious to the listener; a short account of two cases might, however, be of interest, because they illustrate the power of diathermy in gonococcal arthritis. An elderly woman came to hospital with a painful swollen fixed elbow. The skin over the joint and for some distance above and below was inflamed and oedematous. The case was not thought to be gonococcal, but a trial of diathermy to the joint procured so much relief that suspicions were aroused, and gonococci were found in the cervix uteri. This part and the urethra were then subjected to diathermy, and the elbow was excluded. All symptoms disappeared and the joint regained its normal state.

Another patient had a painful swelling of her wrist. The joint regained its normal condition after applying diathermy to the urethra and cervix. The treatment was not applied to the wrist at all.

The therapeutic action of diathermy on the urethra and cervix will be described in the next number of the JOURNAL.

(To be continued.)

NOTES ON GENERAL PRACTICE:

CHRONIC CASES.

SOME of these people are an awful nuisance : they send for you and explain that they have no money because what little money they once had has been spent on quack "remedies," with no result. They now want you to treat them for little or no cash, and to persist with your treatment until they are cured. Prolonged treatment is expensive; and, if the case is one where little or no result is to be expected, it is wasteful. The more incurable the disease the greater the number of "remedies" and suggested methods of treatment: you can't afford to try them all on patients who expect you to pay for everything. But it is up to you to do something, if you can, and you can't become a quack and dispense medicines from which you expect no result. What are you to do? You want a remedy that will do some good, and that remedy must be *cheap*.

Rheumatoid arthritis of upwards of twenty years' standing is a case in point. Until time or circumstances shall discover a better way, try acid hydrochlor. dil., ten minims in water thrice daily after food. Carefully point out, at the very start, that the disease is a difficult one to do anything for, that a cure is out of the question, that relief will be slow in coming, and that the medicine must be followed "for a year or more." At the end of a week or ten days the patient will tell you that she feels better "in herself," but that "the hands are no better yet." At the end of a month she will admit that she is certainly no worse, and may even agree that she is actually better.

For example, F. G.—, male, æt. 64, machinist in a factory, was quite unable to work owing to rheumatoid arthritis in the hands. After eighteen months' treatment with HCl dil. only he was able to return to work, and did so for two years.

Put 1 oz. ac. HCl dil. in a 6-oz. bottle and fill up with water; label "one teaspoonful in water thrice daily after meals." The bottle lasts sixteen days, which pleases the patient, and you pay a visit after every second bottle.

Chronic pulmonary tuberculosis with no cough or other distressing symptoms, but "would like a bottle of medicine as I can't eat any breakfast and don't feel as strong as I ought." Tinct. iodi mit. will cheer him up no end. Put 2½ drachms in a 6-oz. bottle and fill it up with water; label "one teaspoonful to be taken in milk every morning before breakfast." The bottle lasts forty-eight days, which pleases the patient; better still he will find benefit from the medicine, and will tell you

that if he misses taking it for a morning or two he notices the difference. If he has a cough he will say that the medicine "helps to get up the phlegm and starts the day off well."

SENILE TROUBLES.

Numbness and tingling in the hands and feet, especially at night. Potassium iodide is expensive, but as you need use minute doses only it does not work out to much. ¼ gr. thrice daily, sometimes once a day only, seems to relieve where larger doses fail. Put 6 gr. in a 6-oz. bottle, fill up with water, and label "one tea-spoonful in water thrice daily." The bottle lasts for sixteen days, by which time the patient is usually relieved.

Tremor.—Small doses of tinct. hyoscyami, alone or with medicine given for other troubles, will sometimes relieve tremor for a time.

THIRD CHIP.

OBITUARY.

HERBERT WILLIAMSON, M.B., B.C.H., F.R.C.P.

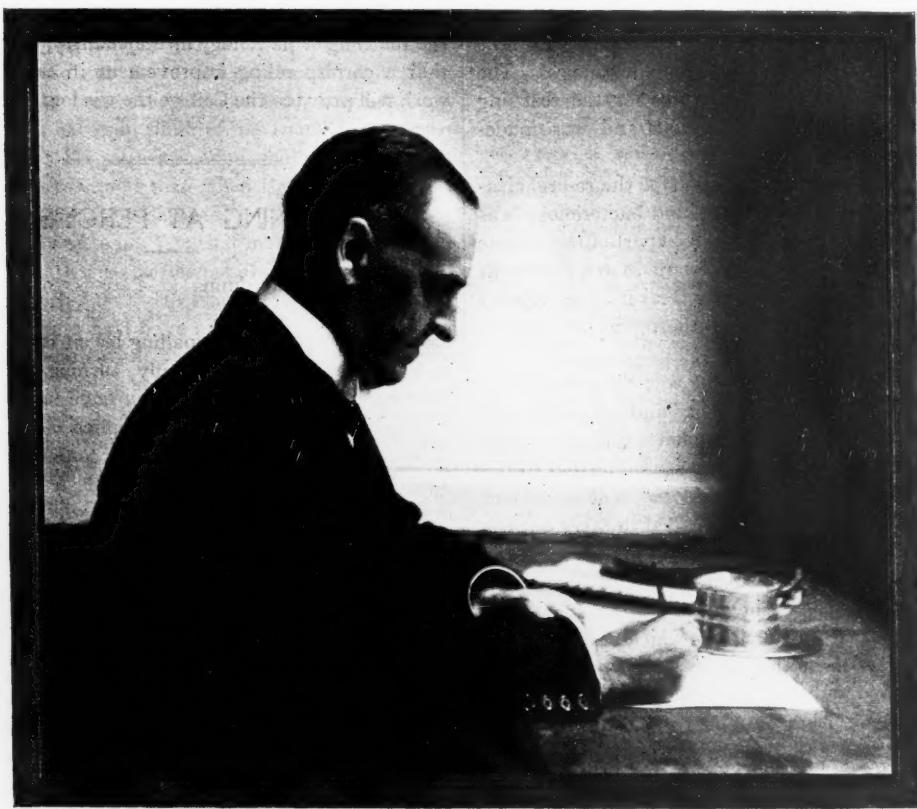
HE Medical School of St. Bartholomew's must from time to time suffer loss by the hand of death. Yet it is seldom that so sudden and unexpected a blow has befallen it as that it endured in the last month of the year which is past. Herbert Williamson had been for several years not only the senior physician in the Gynaecological Department of the Hospital, but so much an important part of the life of the School that his removal leaves a yawning blank. Generation succeeds generation quickly at a school of medicine, and Time soon closes the gaps which death has made, but to his own contemporaries and to every later generation of students his death has left a gap which none can ever fill.

He came to us from St. John's College, Cambridge, in 1893, and from the earliest days of his sojourning at St. Bartholomew's was recognized as a man of exceptional powers. He was Brackenbury Scholar in Surgery in 1896 and House-Surgeon to Mr. Butlin and Mr. Lockwood before he became Resident in the Gynaecological Department. After he qualified he was somewhat undecided as to his future career, and went out to the South African War with the Imperial Yeomanry Hospital. From that experience he returned to St. Bartholomew's as Midwifery Tutor, and from that time has become ever more intimately associated with the School and Hospital. For several years he filled the tutor's post with an energy

and an industry worthy of the great traditions which that office had acquired in the hands of many of his predecessors, and in 1907 the Hospital and Staff were glad to seize an opportunity of increasing the personnel of the Department by creating a fresh appointment. Williamson became Assistant Physician-Accoucheur without being obliged to wait for a vacancy which might not—and in fact did not—occur for a good many years. Meanwhile he had built up an extensive private practice,

Some of his best work, however, was done, especially of late years, in a sphere which is but little known to the student, either past or present. The work of the Medical Council and of the various committees by means of which the Medical School continues to flourish must of necessity be little familiar to most of us. It is only his colleagues who can fully recognize the depth of the loss of his counsel and of his far-sighted prudence.

He had not been in the best of health of late, and at



HERBERT WILLIAMSON, M.B., B.CH., F.R.C.P.

and since he was the last man in the world who would place his own interests before that of his School and Hospital, he began that consistent course of overwork which certainly undermined his constitution.

In this JOURNAL it is unnecessary to record the work which he did and the honours which he won outside these walls. Here more and more he became an institution. As a teacher he was in the front rank; as a gynaecologist his talents were widely recognized; and as a wise adviser and sure friend of the student and the general practitioner he was known to an extensive and steadily-increasing circle.

the end of November contracted influenza. He was in bed and off duty for some days, and then took a short holiday at the seaside. He returned apparently re-invigorated, but though resuming his work he was obviously to those most intimately in contact with him not in his usual spirits. On December 15th he put off some of his work and went out for a walk in the open air of the Chilterns. He did not return, and on the next day his body was found. His heart would seem to have failed suddenly, and he passed from among us in the fulness of his powers, deeply regretted by those who admired and loved him.

THE RECONSTRUCTION OF THE OLD PHYSIOLOGICAL LABORATORY.

HE last year has seen a considerable expansion in the accommodation of the College by the equipment of modern laboratories for the teaching of physics and physiology in the building purchased in Giltspur Street. The main laboratory of the old Physiological Department was allocated primarily to the Pathological Department for the teaching of morbid anatomy and histology. The laboratory as it stood was ill-adapted for the teaching of these subjects by modern methods and was inadequate for large classes.

At about the same time a scheme for the re-organization of the teaching of pathology and bacteriology was adopted by the College Council. As a part of the scheme morbid anatomy and histology were to be taught as one subject, the intention being to treat it as an adjunct to clinical work, and not, as hitherto, as a separate science.

An essential part of this scheme was the provision of better laboratory accommodation, and after visiting most of the medical schools in London a plan for the reconstruction of the old laboratory was submitted to the College Council. The plan was adopted, and at the end of the summer term the College decided to carry out the work during the long vacation; had it not been for the building strike the new laboratory would have been ready at the beginning of the winter session.

By the removal of the partitions which separated the professor's rooms from the main laboratory a large, beautifully lighted and well proportioned room has been revealed. The provision of modern benches, raised in tiers, has increased the accommodation for practical classes to approximately 100 students, all of whom will have a clear view of the lecturer's platform, placed on one side instead of at the end of the room.

Opposite the lecturer has been installed an epidiascope of modern construction, which combines the advantages of the two latest models made by Zeiss. This machine will project gross specimens, mounted or unmounted, lantern-slides, photographs or other illustrations, and microscopic specimens, which can be projected even through an oil-immersion lens.

With this rearrangement and equipment of the room the whole class can see on the screen the specimen which the lecturer is describing, and each student will be able to examine under his microscope the section which at the same time is demonstrated on the screen by the lecturer.

The laboratory is also adapted for the practical teaching of bacteriology and of clinical pathology, and for lectures and demonstrations on other subjects, for which it has a seating accommodation of about 180.

Access to the laboratory has been much improved by the provision of a bridge connecting it with the Pathological department.

For the reconstruction and equipment of this laboratory the Staff and students are greatly indebted to the Medical College.

The new laboratory is one of the finest provided for the teaching of pathology in the country, and it is hoped that a corresponding improvement in the standard of work will prove to the College the wisdom of its decision.

DINING AT PERCY'S.

Ewere all dining at Percy's to celebrate his engagement.

"What an appalling loss it is to mankind," said Eric Molteno sarcastically, turning to Neale, the most confirmed of us, "that *you* have never married." "No marriage is worth while," replied old Neale, prosy as ever. "I advise you to be content, Eric, with bachelorhood. I can certainly cite a case in point myself." ("It's one of his hoariest," whispered Molteno to me, "Damn! I only wish I could escape.") "How hot it is in here," he said aloud. "I think I'll go outside in the porch; it is much cooler there." But the subterfuge failed. "Tell us," said some silly ass, "why marriage appals you so."

* * *

"It was while I was in the Army," began Neale, "that I met her first; yet I can remember it as clearly as if it were yesterday. In point of fact it was, I think, in October in 1915, near a small village called Monchy-le-Grand. Her father—a man I always abhorred—owned a small French estaminet, while she sang in a cabaret in a neighbouring village. I was billeted near the pub., and went in each day, and when the girl was in, used to have my lunch, or eat a snack before parade; and each day was given a melting smile, and treated like a guest while she pressed her beautifully cooked food on to me. Afterwards I used to wait till the old man took his post-prandial nap, so as to have a word with her alone. After a tomato sandwich and a glass of beer or so I talked French fluently, but owing to my ignorance of the stage and theatres I always avoided speaking of her profession. Of course, when she was not in I only stayed there a short time.

"For the first time in my young life I was in love. I nightly yearned to serenade her with my banjo into the early hours, even as the troubadours, with twanging lute, used to tell their love; and each morning used to say to myself, 'I'll propose to-night.' At last, when we had been ordered up the line, I risked all. That day she had been given a respite from her labours and was walking all alone in the rockery. The magic and the witchery of her got into my veins, and I longed to whisper my secret into her ears as I joined her and as we went on silent footsteps across that moon-kissed garden. Guessing my love, she blushed, but made no comment. Holding her little hand in mine, I told her all—asked her for a trophy or keepsake, such as a photograph, as I adored her. I hated to think of her friendless or destitute—said that I'd get a best man who'd help us to get married to-morrow, and then when the war was past I could take her home to England.

"But it was not to be. At that moment we heard her pestilent old father come downstairs with rushing footsteps, livid with fury. He started to call us horrible names, and swore he'd have me put in custody if I did not go. Undoubtedly it was war to the knife between us. When I refused, he began a sarcastic tirade. No man, I swear, could have kept his hands off the monster. I leapt upon him, inflicting on him a large haematoma before he could wriggle from my grasp. I need not dwell upon what happened next. He certainly put up a resistance and summoned all his forces to damage me, but without avail. I felled him to the ground. There he lay, silent as the grave. Lying beside him was my beloved. I knew she lived, for she had a radial pulse—a certain test I never knew to fail. Raising her up, I allowed my eyes to wander over her. She was beyond compare. Such a form as hers had Michael Angelo limned. Her hair had been made immortal by the poet Shelley; her face by the artist Romney; and her teeth—oh, horror!—had been described by Hutchinson!"

[This story is not as innocent as it appears. Buried within it are a large number of pathological conditions, anatomical, medical and surgical terms. They are hidden thus: "They found the *gas* *tricky* to regulate." The italics demonstrate the hidden word "*gastric*."

An enthusiast has offered a prize of one guinea to the reader who sends in the most complete list of hidden words. Lists must arrive at the JOURNAL Office by the 20th of January, 1925.—EDITOR.]

FATHER (arriving at Surgery, breathless): "Nurse says, 'Please will doctor come at once as head is on the pyorrhœa.'"

STUDENTS' UNION.

ABERNETHIAN SOCIETY.

The Mid-Sessional Address was delivered on Thursday, December 11th, at 8.30 p.m. in the Medical and Surgical Theatre by Sir Squire Sprigge, Editor of the *Lancet*. The subject was—"Some Aspects of Medical Journalism."

The speaker said that medical journalism was no new development, but went back to the earliest times. Medical records were in existence in ancient Greece as long ago as 500 B.C. These were records of cases seen, and were kept in the charge of the priests. It was from these that such writers as Hippocrates, Celsus and Galen drew their inspiration. The teaching of these men, particularly Celsus, was quite accurate, and was made use of in medical textbooks up to quite a recent date.

In the days of Rome, "diurnalia," from which the word "journal" arose, were posted up daily in the city; these contained a considerable amount of medical information. After this there was a gap in the annals of medical literature. The corastos or pressmen of the Middle Ages made no mention whatever of medical subjects. Toward the end of the eighteenth century a paper called the *London Medical Journal* came into being, followed a few years later by several others, all of which but one, in spite of several changes of name, lasted only a few years. The sole exception was the *Medical and Physical Review*, which, after changing its name to the *Medical and Physical Journal*, survived for some years. In 1823 the *Lancet* was started, and a fierce controversy soon arose between it and the *Medical and Physical Journal*. The *Lancet* reported lectures and addresses much more correctly, and ridiculed and gave nicknames to the rival paper and its supporters. The latter brought a libel action and won £5, saying they would not claim more because they knew it would never be paid. It never was. Later the *Lancet* brought a counter-action and won, after which their rival disappeared. There was still, however, considerable hostility to the *Lancet* from the medical schools and others: the lecturers objected to having their lectures published, on the ground that students would not pay fees to the medical schools to hear their lectures if they could be read in print for 6d. a week. Further libel actions were brought by both sides, but the hostility gradually died away. In 1850 Abernethy founded the *Medical Gazette* to oppose the *Lancet*. Since then the *Lancet* had continued to do valuable work, and some of the standard text-books of the present day had their foundation in its articles.

In closing, the speaker made a few remarks about the future of medical journalism. It would advance and alter with the advance of medicine. As medicine became more specialized, specialized journalism would arise, and the different branches would have their own peculiar journalism.

Mr. H. G. ANDERSON proposed a vote of thanks and apologized for the poor attendance, which he attributed to the fog.

Mr. F. H. K. GREEN seconded.

DEBATING SOCIETY.

A GENERAL meeting of the Society was held in the Abernethian Room on December 18th at 5 p.m., Mr. L. N. Capener, F.R.C.S., in the Chair.

The following officers were elected for the year 1924-25:

President: Sir Thomas Horder, Bart.

Vice-Presidents: Dr. C. M. Hinds Howell and Mr. E. R. Cullinan.

Committee: Mr. R. V. Goodliffe and Mr. H. F. Hiscocks.

Hon. Secretary: Mr. W. R. Thrower.

A debate was held on the motion: "That the continued existence of the Liberal Party is in the best interests of the country."

Mr. E. R. CULLINAN opened the debate. He showed how the Liberal Party was very much a party in the country to-day in spite of its small representation in the House of Commons, and that this was fully borne out judging by the votes it polled at the last election. The enemies of Liberalism stated that a third party was not necessary for the well-being of the country. But what are the alternatives? On one hand are the Conservatives, who are honest, but incapable of coping with the progress needful to-day, and are by their title opposed to change, while on the other is the Socialist-Labour party, out for

State authority, the death of individual liberty, and were not opposed to organized disorder. Liberalism was a check on the march of disorder, but nevertheless was progressive—moderately progressive—and maintained the right of individual liberty under restraint, not at the expense of others, as was desired by the Socialists. The proposer showed how the Party numbered some of the greatest men of to-day amongst its members, and these men were men with a purpose and individuality not likely to get mixed up with others, as was exemplified by their political opponents when joining hands to get their (the Liberal) blood. "Strange bed-fellows," said Mr. Cullinan, looking at his opponents, one a Conservative and one a Socialist.

Mr. BURT WHITE, opposing, endeavoured to convince the House that the Liberal principles generally accepted as such were a thing of the past, and that now it was up to the Conservatives to govern, not as such, but in the best interests of the country, half of the King's recent speech being non-party. He dwelt on the Liberal action during 1923, and showed how the party merely acted as patient oxen for the extremists, while the country by an overwhelming vote had shown itself to be anti-Socialist, yet at the time the Liberals had said "No compromise."

The Socialist Cabinet, who held office by the Liberal action, was guilty of much excess, though Mr. Asquith had taken upon himself the office of umpire. The Labour-Socialist party was a lusty, uncontrollable child of the Liberal Party, and the sooner the latter realized that they were outgrown so much the better for the country.

Dr. D. M. LLOYD-JONES, who, in rising to support Mr. Cullinan, craved indulgence for a maiden speech, said that the Opposition assumed that the Liberal Party was dead, but he advised their making quite sure of this before holding a *post-mortem* examination. The Liberal Party and Liberal principles had a right to exist, and it was never advisable to eliminate those who had something useful to offer to the body politic. To illustrate this he cited as an analogy a case of post-partum haemorrhage, in which the charming Conservative with a good bedside manner would do nothing, while the Socialist would at once advise venesection, leaving the wise Liberal to adopt the middle course of curing the patient. Liberalism stood for peace, retrenchment and reform the alternatives were—Mr. Baldwin suffering from political mania, driver of the Conservative omnibus, or the Socialists, whose aim was to foment strife.

Mr. C. W. BROOKE, speaking with the assurance and delivery of one well accustomed to the political platform, opposed the motion. He pointed out that the Anti-Socialists were divided, and that this should not be, as both represented capitalism, and the main issue for the country in the future would be Capitalism *versus* Socialism, *i.e.* there would be no room for any middle party, and it was time the Liberals realized this.

The following members took part in the open debate: Messrs. H. G. ANDERSON, C. C. HENTSCHELL, R. V. GOODLiffe, D. and I. PREISKEL, F. H. K. GREEN and W. R. THROWER.

Mr. CULLINAN then replied and the House divided, Ayes 23, Noes, 11, the motion being carried.

RUGBY FOOTBALL CLUB.

RETROSPECTION being one of the prerogatives of senility, we need nor encroach upon the realms of dotage by a discussion of our past record this season; suffice it to say that the record is bad.

Not till the last two games have we shown anything approaching form: injuries and exams. have robbed us of the entire 1st XV pack, and repeated alterations in the back division have not aided matters. The backs are now fairly sorted out, and, after a three weeks' rest over Christmas and a return of many of the crooks, we may confidently look forward to a great improvement in form for the remainder of the season.

Bristol pay their first visit to Winchmore Hill on Monday, January 12th, and it is to be hoped that more people will turn up to support the Hospital than were present at our first home fixture with Plymouth on December 8th.

On February 5th we meet Guy's in the first round of the Cup Ties, and with a view to reproducing our last season's form it is essential that the attendance at training on Wednesdays be much fuller and more regular than heretofore. All 1st and 2nd XV men are asked to make a special effort at regular training between now and the Cup games.

ST. BARTHOLOMEW'S HOSPITAL v. PLYMOUTH ALBION.

Played at Winchmore Hill on December 8th, 1924.

All things considered, we were just unlucky to lose our return fixture with Plymouth. After leading by a try to *nil* at half-time the prospects seemed bright, but after a quarter of an hour of the second half the greater weight of the visitors' pack began to tell, and the retirement of Williams with an injured back, necessitating Pittard's transference from the pack to scrum-half, did not aid us.

The ground was in bad condition and the game chiefly confined to the forwards, where Allen and Jenkins were conspicuous in the loose. For Plymouth, Saunders and Stephens were constantly to the fore. The backs had little chance to shine, open play being so much hampered by the greasy ball and ground. Frederick was the best of the back division, playing very soundly, and being the superior of his *vis-à-vis* Dyer.

Score: Plymouth Albion, 8 pts.; Bart.'s, 3 pts.

Team.—E. V. Frederick, *back*; L. C. Neville, M. G. Fitzgerald, J. S. Aldridge, J. B. Robertson, *three-quarters*; T. P. Williams, H. McGregor, *halves*; J. Edwards, A. B. Cooper, J. D. Allen, J. Colenso-Jones, K. Stokes, F. G. Scovell, T. Pittard, G. Dietrich, *forwards*.

ST. BARTHOLOMEW'S HOSPITAL v. OLD ALLEYNIANS.

This game at Winchmore Hill on December 20th saw us reproduce some real team work, and win by 4 tries to a goal and 2 tries.

There was more "life" in the play, and Row's return to the pack had a noticeable effect; he himself played excellently, one of his tackles of the full-back being exceptionally fine. Behind the scrum, Williams, though still feeling the effects of his Plymouth injury, played a masterly game, repeatedly getting the ball out to McGregor, who invariably found—and held—the passes. McGregor was specially prominent with his kicking and saved the forwards much.

The three-quarters were the best we have had as a line this season, and, after a few more games together should be a formidable combination.

Neville for a change played really well and scored all four tries, three of them being brilliant efforts. Fitzgerald gave him many openings, cut through well, and showed a surprising turn of speed more than once.

Royle and Aldridge, on the other wing, were no less effective, their defensive work being remarkably sound.

The Old Alleynians played hard and clean, and just lost a most sporting game. Their tries were scored by Jenkins, Hicks and Smith, the first being converted by Stark.

Team.—E. V. Frederick, *back*; J. S. Aldridge, H. Royle, M. G. Fitzgerald, L. C. Neville, *three-quarters*; T. P. Williams, H. McGregor, *halves*; A. W. L. Row, J. Edwards, T. Pittard, C. Jenkins, K. Stokes, A. B. Cooper, J. Colenso-Jones, B. Clarke, *forwards*.

Score: Old Alleynians, 11 pts.; Bart.'s, 12 pts.

ASSOCIATION FOOTBALL.

ST. BARTHOLOMEW'S HOSPITAL v. U.C.H.

At Winchmore Hill, December 3rd, the field was in excellent condition and we started very strongly. After five minutes' play Wroth passed the ball out to Slinger, who, taking it down the wing, gave us the lead with a fine dropping shot. From this point onwards in the first half we had most of the play, our goal being in real danger on only two occasions, thanks to the splendid play of Wroth, Huntley and Crumbie. The forward line played in very fine combination, Mailer giving us another goal before half-time. For some minutes after the resumption of play the team looked very much like falling to pieces, and U.C.H. scored a goal, but after we had again settled down there was no further doubt of the ultimate issue.

Result: Bart.'s, 6 (Slinger 2, Mailer 1, Dunn 2, Parrish 1); U.C.H., 2.

Team: L. B. Ward; J. Huntley, E. Jenkinson; L. Oldershaw, C. Wroth, J. Crumbie; L. A. P. Slinger, W. A. Mailer, R. W. Dunn, A. Clark, J. Parrish.

AMATEUR DRAMATIC CLUB.

JUNIOR STAFF CHRISTMAS ENTERTAINMENT.

The Amateur Dramatic Society is this year presenting four one-act plays, namely :
 "Augustus in Search of a Father," by Harold Chapin.
 "A Collection will be Made," by Arthur Eckersley.
 "The Lost Silk Hat," by Lord Dunsany.
 "In the Library," by W. W. Jacobs and Herbert C. Sargent.
 The Dress Rehearsal will take place on Monday, January 5th, at 5 p.m., and the actual performances on January 6th, 7th and 8th at 8 p.m. in the Great Hall.

Two free tickets are available for all members of the Hospital for any evening, and may be obtained from the Secretary, Mr. A. Barnsley.

CHRISTIAN UNION.

THE first meeting of the year will be held on Monday, January 26th. The speaker will be Henry T. Holland, Esq., F.R.S.C.E., of Quetta, India.

REVIEWS.

THE PUERPERIUM. By C. NEPEAN LONGRIDGE, M.D., Ch.B., F.R.C.S., M.R.C.P. (Adlard & Son & West Newman, Ltd.) Price 6s. 6d.

The second edition of this book will be universally welcomed. It is full of practical suggestions, and affords an excellent store of sound advice as to the management of the puerperium. It is well known that newly-qualified men frequently are at a loss when dealing with puerperal women. Perhaps they are inclined to neglect observing the routine treatment in hospital. The author has realized this and has attempted to help with this volume. He has succeeded very well indeed. There are very few points omitted; his methods are admirable and his descriptions very clearly worded. The book is therefore very strongly recommended, and we advise budding practitioners to have a copy by them.

ELEMENTARY HYGIENE FOR NURSES. By I. C. R. DORLING. (Messrs. J. & A. Churchill.) Price 4s. 6d. net.

This little book, which has been brought up to date by including those subjects required in the examination of the General Nursing Council, should prove very useful to nurses, as it gives all the information required in plain language and a straightforward manner. Mention is made of perchloride of mercury tablets weighing about 1 oz. each: we do not know if this is the case in Australia, whence this manual comes, or whether it is a printer's error, as the tablets in common use in this country are very much smaller. We can thoroughly recommend this work.

THE TOXÆMIA OF ACUTE INTESTINAL OBSTRUCTION, OR VOMITING AS A PATHOLOGICAL FORCE. By R. H. PARAMORE, M.D., F.R.C.S. (H. K. Lewis & Co., Ltd.) Pp. 60.

The author has carefully considered the possible cause of toxæmia in acute intestinal obstruction. He examines the view that cell protein damage and rise of non-protein nitrogen in the blood is due to the effect of the toxic proteoses absorbed from the obstructed gut. He brings forward evidence against this view, and states that in his opinion the intoxication and blood changes are due to the violent mechanical causes—vomiting, tenesmus and restlessness; that, in brief, the vomiting precipitates and is not the result of the intoxication present.

The book will be of interest to the more advanced student, but it is not easy reading, the free use of brackets militating against an easy style.

ARTIFICIAL SUNLIGHT AND ITS THERAPEUTIC USES. By FRANCIS HOWARD HUMPHRIS, M.D., etc. (Oxford Medical Publications : Humphrey Milford.) Pp. 170. Price 8s. 6d. net.

This book is to be considered as complementary to Rollier's *Heliotherapy*, which was published in the same series last year.

Dr. Humphris has been using ultra-violet therapy since 1916, when he successfully treated trench-feet and superficial ulcerative lesions with artificial sunlight, just as Rollier treated similar cases in the High Alps with equal success.

Since this time, however, actino-therapy has been put on a scientific basis by the remarkable investigations of many observers.

It has, for instance, been exclusively proved that exposure to light, natural or artificial, results in increased calcium, phosphorus and iron in the blood, that it causes a leucocytosis and an increase in the number of blood-platelets; and, what is even more interesting, Hill and Colebrook have proved by ingenious experiment that a short exposure to light definitely raises the bactericidal power of the blood.

It is, therefore, not surprising that Dr. Humphris claims that in ultra-violet radiation medicine has acquired a valuable therapeutic weapon. He is, however, careful not to claim too much for it at this stage, and, while he gives a wide range of morbid conditions which have benefited to a greater or less extent by its use, he emphasizes the fact that, at present, the best results are achieved in the treatment of skin diseases, rickets and surgical tuberculosis. There is no doubt, as anyone who has seen Gauvain's work at Alton will admit, that there will be a great future for actinotherapy in curative and preventive therapeutics.

Dr. Humphris has written an excellent book, which may be heartily recommended to those who are already conscious of the possibilities of ultra-violet therapy, and also to those practitioners and students who are intrigued by their ignorance of the whole subject.

The technical details are ample and lucid, and the more important varieties of lamp, together with the method of their application, are carefully explained.

PHYSIOLOGICAL PRINCIPLES IN TREATMENT. By W. LANGDON BROWN, M.A., M.B., F.R.C.P. (Baillière, Tindall & Cox.) Pp. 511. Price 10s. 6d.

This book has already been reviewed four times in these columns, and there seems no reason why it should not receive as many more appreciative notices. This is the fifth edition; it contains two new chapters—one on the work of the liver and the other on asthma; there are also new sections on fractional test meals, uræmia and insulin.

The section on insulin is a sane and moderate statement with regard to the present position in the treatment of diabetes. Dr. Langdon Brown definitely ranges himself on the opposite side to the spendthrift who would, even in ordinary cases, use the remedy up to its greatest limits.

He agrees with Dr. Graham that if "anything approximating a cure is to be expected, no carbohydrate other than that in the vegetables should be allowed until the morning blood-sugar has been normal for three or four weeks. . . . The method of going about with a syringe full of insulin in one hand and a stick of barley-sugar in the other carries its own condemnation with it."

There are two classes of persons to whom this book may be especially recommended; the first is the student who is commencing clinical work, and who is vainly seeking some physiological basis for the art of medicine; and the second is the young physician who regards the pharmacopœia as begotten by Quackery out of Empiricism, and dispenses "dope" to his patients with a cynical indifference.

Here the first will find an admirable stimulus and the second a wise corrective.

PRACTICAL SURGERY ILLUSTRATED. By PAUCHEZ. Translated by O. R. B. ATKINSON, M.D., C.M. (Edin. Univ.). With Introduction by Sir CHARLES GORDON-WATSON, C.M.G., F.R.C.S. (Published by Messrs. Ernest Benn, Ltd., 8, Bouvierie Street, E.C. 4.) In 2 vols. Price 18s. 6d. each.

These books admirably display many operations as carried out by the author, and do not pretend to be a general text-book of operative surgery. Both books are illustrated with a series of pictures, drawn from life, demonstrating the various stages of each operation, with

their descriptions under each picture and more complete details in the text. The present volumes deal chiefly with operations connected with abdominal viscera, but the author in his preface states that there will be others to follow. In addition to the description of the operations themselves, the indications for such procedures and the after-care of the cases are admirably dealt with. It is interesting to note the great use which is made of local, spinal and splanchnic anaesthesia, which for the most part have supplanted general anaesthesia. The present volumes will be found to be a very useful adjunct to the library of an operating surgeon, and to a lesser degree for the better understanding of the procedures adopted, for medical students. If in the course of time a compass of this work extends to the whole of surgery, there could be little doubt that it will become a great asset to surgical literature.

VERSIONS AND PERVERSIONS. By W. F. LLOYD. (Luff & Sons, 47, St. Leonard's Road.)

This book is composed partly of a series of translations in verse of Horace's Odes, partly of original lines.

The translations are parodies which attempt, without altering the original form and meaning, to introduce an atmosphere of the present day.

The original is sufficiently closely followed to make the attempt amusing to the reader whose memory still retains some smattering of the original, and the modern flavour is introduced not infrequently with considerable skill.

To be successful in the highest sense such an attempt can only be the result of genius, and here and there in the present work a slight suggestion of midnight oil can be detected. The book is one that will provide considerable amusement to the classical scholar, and the writer can be congratulated on having attempted a very difficult feat not without success.

PNEUMONIA: ITS PATHOLOGY, DIAGNOSIS AND TREATMENT. By the late R. MURRAY LESLIE. Edited and revised by T. BROWNING ALEXANDER. (William Heinemann.) Price 12s. 6d. net.

This book is an attempt to deal in an exhaustive manner with the subject of pneumonia. In it is collected a large mass of knowledge. The information is not treated with sufficient care as regards the division of space. The first chapters, on Etiology and Pathology, are good, exhaustive and, on the whole, written with judgment and discrimination. Some other portions of the book are prolix and might well be severely cut down. The subject of pneumonia in children is, on the other hand, scarcely touched upon, eight pages being deemed sufficient.

In the discussion upon treatment the use of oxygen is advised, and the method of use suggested is the Haldane mask—a form of treatment most patients severely ill with pneumonia will not tolerate.

There is no mention of the intra-nasal method of oxygen administration.

A further criticism is that in talking of vaccine treatment no suggestion as to the means of arriving at an appropriate dosage is made, and there is no record of the doses actually given to the cases reported. If the details of a method are not described, further information about it is valueless. In spite of this, however, the book contains a large accumulation of useful facts and suggestions.

QUALITATIVE AND VOLUMETRIC ANALYSIS, INORGANIC AND ORGANIC. By W. CALDWELL, M.A., Sc.D. (Churchill.) Price 10s. 6d.

In this book the first-year medical student in general and the student who is taking the pre-medical course of the Conjoint Board (London) in particular are provided for. The various tests are usually carefully described, and some of the more valuable new tests, such as the xanthylol test for urea, are included in the book. Useful schemes of detection are given at suitable stages in the students' course, both for inorganic and organic compounds. An excellent feature of the book is the careful explanation of those portions of physical chemistry which are now universally recognized as of fundamental importance in the theory of analysis.

In the quantitative section of the book the first-year student is furnished with perfectly dependable methods for making any estimation he may be called upon to make, including the determination of glucose by the methods of Fehling and Bertrand, and nitrogen by Kjeldahl's method.

A misprint on p. 336, namely, 12·962 instead of 12·692, requires correction.

PRINCIPLES OF GENERAL PHYSIOLOGY. By Sir W. M. BAYLISS, M.A., D.Sc., LL.D., F.R.S. (Longmans.) 4th edition with Illustration. Pp. 882. Price 28s.

Mention of this book must begin with a note of deep respect for the great physiologist who died just before this edition of his brilliant book was published.

The fourth edition has been thoroughly revised and brought to a high degree of completeness by a committee of the author's friends, under the general direction of Prof. A. V. Hill, F.R.S.

They have been meritoriously careful in that they have not weakened the "familiar spirit" which pervades this book. Portraits of Lavoisier, Priestley, Faraday and a thousand others give continual pleasant surprises as they emerge from the text.

A considerable share of the revision has fallen to Prof. Hill.

Sir Thomas Lewis and Prof. Starling revised the section on the circulation of the blood. Mr. J. Barcroft has revised the chapter on respiration, and, working with Dr. H. H. Dale, the section on hormones, drugs and toxins.

A detailed criticism is impossible and unnecessary. This edition maintains the high standard set by Sir William Bayliss and forms a great memorial to a great man.

CUTANEOUS XANTHOMA AND "XANTHOMATOSIS" OF OTHER PARTS OF THE BODY. PITUITARY XANTHOMATOSIS, "XANTHOMYLOMATA" OF TENDON SHEATHS, ETC., AND THE "CHOLESTERIN DIATHESIS." By F. PARKES WEBER, M.A., M.D., F.R.C.P. (London: H. K. Lewis & Co., Ltd.) Pp. 36. Seven Illustrations. Price 2s.

This is a reprint, with some additions and corrections, of a paper, published in the *British Journal of Dermatology and Syphilis* (1924, vol. xxxvi, pp. 335-370).

After some preliminary remarks on cholesterolin, its chemical nature, occurrence in the body and its metabolism, which, as he says, is at present imperfectly understood, the author discusses in turn cutaneous xanthoma and "xanthomatosis" of the aorta, large arteries and cardiac valves, the question of xanthoma cells, macrophages, and the reticulo-endothelial system, the relation of xanthomatosis to local inflammatory and true neoplastic processes, xantho-myelomata of tendon sheaths, xanthomatosis of the pituitary gland with diabetes insipidus, xanthomatosis of the Fallopian tubes, cholesteatoma of the choroid plexus, lipoid speckling of the kidney, nodular inflammatory fibrosis of the palmar fascia, arcus senilis, xanthelasma palpebrarum, hypercholesterinaemia and gout, and xantho-naevi-endotheliomata.

This interesting review of the subject of xanthomatosis concludes with a valuable bibliography of no less than 127 references.

We acknowledge with thanks the receipt of the following:

HÄMORRHAGE FROM GASTRIC AND DUODENAL ULCERS. By HERBERT J. PATERSON, F.R.C.S. (Reprint from *Medical Journal and Record*.)

A RECORD OF 1923. Issued by the Sheffield Joint Hospitals' Council.

The following books have been received and reviews will shortly appear.

THE MEDICAL YEAR-BOOK, 1925. Edited by C. P. HEWITT. Published by Wm. Heinemann (Medical Books), Ltd. Price 12s. 6d.

CUTANEOUS XANTHOMA AND XANTHOMATOSIS OF OTHER PARTS OF THE BODY. By F. PARKES WEBER, M.A., M.D., F.R.C.P. Published by H. K. Lewis & Co., Ltd. Pp. 36. Plates 6. Price 2s.

ELEMENTARY SCIENCE FOR NURSES. By W. F. LLOYD, B.A., M.B. Published by J. & A. Churchill. Price 3s. 6d.

FIRST STEPS IN NURSING. By C. M. FOX, R.R.C., S.R.N. Published by Scientific Press, Ltd. Price 3s.

HANDBOOK FOR QUEEN'S NURSES. By SOME QUEEN'S SUPERINTENDENTS. Published by Scientific Press, Ltd. Price 1s. 6d.

MODERN NURSING OF CONSUMPTION. By DR. JANE WALKER. Published by Scientific Press, Ltd. Price 2s. 6d.

PHYSICAL CHEMISTRY FOR STUDENTS OF MEDICINE. By ALEXANDER FINDLAY, M.A., D.Sc., F.I.C. Published by Longmans. Price 8s. 6d.

SIDELIGHTS FROM THE NEW PSYCHOLOGY. By EVELYN SAYWELL, L.R.C.P., L.R.C.S. Published by Scientific Press, Ltd. Price 3s.

RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN.

- BROWN, W. LANGDON, M.A., M.D., F.R.C.P. "A Case of Nephritis." *Clinical Journal*, December 10th, 1924.
- CAMMIDGE, P. J., M.D., M.R.C.S., L.R.C.P. "Hypoglycæmia," *Lancet*, December 20th, 1924.
- CLARKE, ERNEST, M.D., F.R.C.S. *Errors of Accommodation and Refraction of the Eye and their Treatment*. 5th Edition. London: Baillière, Tindall & Cox.
- FEILING, ANTHONY, M.D., F.R.C.P. Opening Paper in Discussion on the Diagnosis and Treatment of Compression Paraplegia. *British Medical Journal*, December 20th, 1924.
- GRAHAM, GEORGE, M.D. An Address on "The Present Position of Insulin Therapy." *Lancet*, December 13th, 1924.
- HALL, ARTHUR J., M.A., M.D., F.R.C.P. (and TOWNROW, VINCENT, F.R.C.S.). "Purulent Pneumococcic Pericarditis; Pericardiotomy; Recovery." *British Medical Journal*, December 20th, 1924.
- LLOYD, W. F., B.A., M.B.(Cantab.). *Elementary Science for Nurses*. With a Preface by Sir D'ARCY POWER, K.B.E., F.R.C.S. London: J. & A. Churchill.
- MYERS, CHARLES E., C.B.E., M.D., Sc.D., F.R.S. An Address on Consciousness. *Lancet*, November 29th, 1924.
- NOX, CHARLES, F.R.C.S. "Presenile Spontaneous Gangrene (Thrombo-Angeitis Obliterans)." *Clinical Journal*, November 12th, 1924.
- OKELL, C. C., M.C., M.B., B.Ch. (and PARISH, H. J.). "A Note on Haemolysis and Haemagglutinin with Reference to the Wassermann Reaction." *British Journal of Experimental Pathology*, December, 1924.
- TOWNSEND, R. S., M.C., M.D., I.M.S. "Hepatosis (or Tropical Abscess of Liver): An Examination into the Diagnosis and Treatment of this Disease in India, with Especial Reference to the Use of Emetine." *Journal Royal Army Medical Corps*, December, 1924.

CORRESPONDENCE.

INQUEST FEES FOR DOCTORS.

To the Editor, "St. Bartholomew's Hospital Journal."

WITH ENCLOSURE.

In giving evidence, in 1908, before the Departmental Committee of the Home Office on Coroners, Dr. Waldo, *inter alia*, made the three following suggestions, which were adopted by the Committee:

(1) That the statutory fee of £1 1s. paid a registered medical practitioner for giving evidence before a coroner should be £1 1s. for each day of attendance in place of the present £1 1s. for any number of days.

(2) That the statutory fee of £1 1s. for making an autopsy, on the order of the coroner, should be raised to £2 2s.—the fee paid in Australia.

(3) That all registered medical men, whether or not connected with hospitals and other medical institutions, should be paid the above statutory fees.

At a recent inquest Dr. Waldo said, on the assumption that the Draft Amending Coroners' Bill of the Home Office had been drawn on the lines of the recommendations of this Departmental Committee, it would clearly be to the interest of hospital and other medical institutional doctors to get their members of Parliament to press for the Coroners' Amending Bill to be placed on the Statute Book without further delay.

Copied from Truth, December 3rd, 1924.

"Coroners are unanimously against the decision of the London County Council not to allow fees to institutional (Poor Law, Prison

and Metropolitan Asylums Board) doctors for making autopsies. Dr. Waldo, the City Coroner, has for a long time advocated an amendment in the Coroner's Act of 1887, making it possible for coroners to pay all registered medical men a statutory fee for giving evidence and making autopsies. In every other Court, he points out, doctors and those connected with medical institutions get paid a fee. House surgeons and house physicians have to perform onerous and responsible work in their hospitals for which they are paid very little, if anything at all, and they are obliged, on summons, to perform autopsies and to give evidence before a coroner and jury without any fee whatsoever. This is a serious injustice to a hard-worked body of men who do a great deal for nothing."

OUR MANNERS.

He had better manners than are usually found in the medical profession, which, though blest with many virtues, neglects somewhat the amenities of polite behaviour. I do not know whether it is commerce with the sick which gives the doctor an unfortunate sense of superiority; the example of his teachers, some of whom have still a bad tradition of rudeness which certain eminent practitioners of the past cultivated as a professional asset; or his early early training among the poor patients of a hospital, whom he is apt to look upon as of a lower class than himself; but it is certain that no body of men is on the whole so wanting in civility.—Somerset Maugham.

EXAMINATIONS, ETC.

UNIVERSITY OF OXFORD.

The following degrees have been conferred:
B.M.—R. J. Brocklehurst, T. A. J. M. Dodd, C. L. Elgood, J. R. B. Hern, P. H. Martin.

UNIVERSITY OF CAMBRIDGE.

The following degree has been conferred:
M.D.—E. F. S. Gordon.

First Examination for Medical and Surgical Degrees, December, 1924.
Part IV.—Elementary Biology.—F. R. T. Hancock.

Second Examination for Medical and Surgical Degrees, December, 1924.
Part II.—Human Anatomy and Physiology.—A. F. Alsop, E. C. Cosgrove, W. R. Forrester-Wood, R. Perkins, M. R. Sinclair, F. G. Wood Smith.

Third Examination for Medical and Surgical Degrees, Michaelmas Term, 1924.

Part I.—Surgery, Midwifery and Gynaecology.—F. N. Adams, G. L. Alexander, W. A. Bourne, H. F. Brewer, C. H. C. Dalton, G. H. Day, J. Holmes, J. G. Milner, P. E. Pym, J. R. Smith, E. J. E. Topham, H. A. Ware.

Part II.—Principles and Practice of Physic, Pathology and Pharmacology.—T. S. Goodwin, H. E. Harris, J. P. W. Jamie, J. G. Milner, T. M. Preece, W. G. Scott Brown, F. A. H. Simmonds, J. D. M. Stewart, G. B. Tait.

UNIVERSITY OF LONDON.

M.D. Examination, December, 1924.
Branch I, Medicine.—E. A. Coldrey, C. M. Gwillim, R. Hunt Cooke.
Branch IV, Midwifery and Diseases of Women.—B. L. Jeaffreson.

Third (M.B., B.S.) Examination for Medical Degrees, October, 1924.
Pass.—A. B. Cooper, E. R. Cullinan, I. G. Davies, J. Elgood, V. F. Farr, J. W. Joule, H. V. Morlock, C. M. Pearce, C. S. C. Prance, W. A. Robb, A. H. C. Visick.

Supplementary Pass List, Group I.—C. J. East, V. A. T. Spong.
Group II.—J. Parrish, L. A. Willmott.

CHANGES OF ADDRESS.

- ABRAHAMS, A., 86, Brook Street, W. 1.
 ANDERSON, D. D., Hospital Guerrero, Chilpancingo, Gro., Mexico.
 BROADBENT, B., 65, Ethelbert Gardens, Ilford.
 BROWNE, Surg.-Comdr. E. MOXON, R.N., H.M.S. "Ceres," 1st C.S., c/o G.P.O., E.C. 1.
 COLDREY, R. S., "Penvean," Camborne, Cornwall.
 COUCHMAN, H. J., c/o Lloyds Bank, 44, Aldersgate Street, E.C. 1.
 GARROD, Sir A. E., K.C.M.G., 85, Banbury Road, Oxford.
 LISSAMAN, T., Poplars, Pucklechurch, Glos.
 LISTER, Lt.-Col. A. E. J., I.M.S., 12, All Saints' Road, Clifton, Bristol. (Tel. Bristol 6770.)
 MAINGOT, R., 62, Harley Street, W. 1.
 RAMSAY, R. A., 22, Welbeck Street, W. 1. (Padd. 1018); and 123, Gloucester Terrace, W. 2 (Padd. 1887). (Amended Notice.)

APPOINTMENTS.

- BALL, H. C. J., M.R.C.S., L.R.C.P., appointed Junior Resident Medical Officer, Mildmay Mission Hospital, Bethnal Green.
 BARON, C. F. J., M.R.C.S., L.R.C.P., appointed House-Physician, Royal Berkshire Hospital, Reading.
 BUCHLER, E., M.R.C.S., L.R.C.P., appointed Junior Resident Medical Officer, London Jewish Hospital, Stepney Green, E. 1.
 BUNCOMBE, G. H., M.R.C.S., L.R.C.P., appointed Casualty Officer, Norfolk and Norwich Hospital, Norwich.
 DICK, A. C., M.R.C.S., L.R.C.P., appointed Casualty Officer at The Miller Hospital, Greenwich.
 HECKFORD, F., M.R.C.S., L.R.C.P., appointed Out-Patient Officer, Miller General Hospital for S.E. London.
 HERVEY, W. A., M.R.C.S., L.R.C.P., appointed House-Surgeon to the Kidderminster District General Hospital.
 LISTER, Lt.-Col. A. E. J., I.M.S., M.B., B.S., F.R.C.S., appointed Surgeon to the Bristol Eye Dispensary.
 LLOYD, D. T., M.R.C.S., L.R.C.P., appointed House-Physician, Staffordshire General Infirmary, Stafford.
 ROXBURGH, A. C., M.B., B.C.(Cantab.), M.R.C.P., appointed Assistant Physician to St. John's Hospital for Diseases of the Skin, Leicester Square.
 SCOTT, RUPERT S., M.B., B.Ch.(Cantab.), F.R.C.S.(Eng.), appointed Pathologist and Curator to the Royal London Ophthalmic Hospital, Moorfields.
 STEWART, G. G., M.R.C.S., L.R.C.P., appointed House-Surgeon to the Tilbury Hospital.

BIRTHS.

- BIRD.—On December 15th, at a nursing home, Faversham, Kent, Marjorie (*née* Carter), wife of M. W. Kidman Bird, of "Cooksditch," Faversham—a son.
 BROWNE.—At King George V Hospital, Va'etta, Malta, on October 17th, to the wife of Surgeon Commander Moxon Browne, H.M.S. "Concord," a daughter.
 CUNNINGHAM.—On November 24th, at Chesham, Bucks, to Marguerite, wife of F. H. Lester Cunningham, M.C., M.B., B.S.—a daughter.
 HERINGTON.—On November 23rd, 1924, at a nursing home, the wife of C. E. E. Herington, M.B., B.S.(Lond.), D.P.H., of Twickenham—a son.
 STURDEE.—On November 25th, at 54, Talgarth Road, London, W. 14, Norma (*née* Pine Coffin), wife of E. L. Sturdee, of a daughter.

MARRIAGES.

- COLDREY—MARSHALL.—On November 29th, at the Priory Church of St. Bartholomew-the-Great, Ronald Shearsmith Coldrey, M.B., B.S.(Lond.), of "Penvean," Camborne, Cornwall, elder son of Mr. and Mrs. A. A. Coldrey, of "The Laurels," Purley, to Violet Evelyn, youngest daughter of the Rev. and Mrs. J. G. Marshall, of 85, St. George's Square.

GRIFFITHS—MENNELL.—On December 9th, at St. Mark's Church, N. Audley Street, by the Rev. W. G. Pennyman, Vicar, Philip Digby Griffiths, M.B., B.Ch.(Cantab.), elder son of Dr. J. C. Griffiths, of Kidderminster, to Audrey, eldest daughter of Dr. Mennell, of 8, Hyde Park Terrace, W.

HARKNESS—MCMILLAN.—On December 8th, at All Saints', Branksome Park, Bournemouth, by the Rev. Ernest Bury, Vicar, Robert Colart Harkness, F.R.C.S., son of the late John Harkness and Mrs. Harkness, Dumfries, to Sheila Mary, daughter of Mr. and Mrs. Alexander McMillan, Parkstone.

HODGE—KEANE.—At Nottingham, W. H. Stewart Hodge, M.R.C.S., L.R.C.P.(Lond.), of 826, Woodborough Road, Nottingham, to Gwendoline Keane, widow of Herbert J. Keane, of 5, Tattershall Drive, The Park, Nottingham.

MOODY—RICE-OXLEY.—On November 22nd, at Holy Trinity Church, Tulse Hill, by the Rev. Charles Wilson, Vicar of Christ Church, Gipsy Hill, Arthur John, elder son of Mr. and Mrs. J. Moody, of West Southbourne, Bournemouth, to Winifred Bowyer, younger daughter of Mr. and Mrs. F. S. Rice-Oxley, 64, Palace Road, Tulse Hill, S.W. 2.

DEATHS.

BALDWIN.—On December 1st, 1924, as a result of a motor accident, J. Horatio Baldwin, B.C.(Cantab.), D.P.H., of Springfield, Furzehill, Wimborne.

CORNISH.—On December 6th, 1924, at the Old House, Dorking, Charles Vivian Cornish, F.R.C.S.(Edin.), late of Mortlake Road, Kew.

COURTIS.—On December 3rd, 1924, at Oxted, Surrey, of appendicitis, Alan Osborne Courtis, M.B., the loved husband of Madge Courtis and son of Sir John and Lady Courtis, of Llandaff, aged 34.

EDELSTEN.—On December 18th, 1924, at "Dunsford," Leigham Court Road, Streatham, Ernest Alfred Edelsten, M.B., B.Ch., M.A.(Oxon.), aged 63.

GLENISTER.—On November 17th, 1924, at Fairlight, Sussex, Wilfred Montague Glenister, M.R.C.S., L.R.C.P., of "The Lindalls," Amberley, the loved husband of Alice Glenister, and the second son of W. J. Glenister, of St. Leonards-on-Sea.

LINDSEY.—On November 19th, 1924, at Sunny Bank British Hospital, Cannes, S. France, Mark Basil Lindsey, late of "Beaumont," Portman Crescent, Bournemouth, M.R.C.S., L.R.C.P., Capt. R.A.M.C. 1915-19.

NORTH.—On October 21st, 1924, at sea, on board the S.S. "Leicester-shire," of which he was Surgeon, as the result of war wounds, Thomas Stanley North, M.B., B.S.(Lond.), F.R.C.S.(Eng.), eldest son of Thomas North, F.R.C.S.(Irel.), of New Southgate and 28, Welbeck Street, aged 27.

PALEY.—On November 12th, 1924, at 18, Brunswick Place, Hove, Brighton, of heart failure following operation, Frederick John Paley, M.D., younger son of the late F. A. Paley, Cambridge, aged 65 years.

PAXTON.—On December 9th, 1924, at 5, South Pallant, Chichester, Francis Valentine Paxton, J.P., M.A.(Oxon.), M.B., M.R.C.P., aged 88 years.

WILLIAMSON.—On December 16th, 1924, Herbert Williamson, M.B., B.Ch.(Cantab.), F.R.C.P.

NOTICE.

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, Smithfield, E.C. 1.

The Annual Subscription to the Journal is 7s. 6d., including postage. Subscriptions should be sent to the MANAGER, W. E. SARGAN, M.R.C.S., at the Hospital.

All Communications, financial or otherwise, relative to Advertisements ONLY should be addressed to ADVERTISEMENT MANAGER, The Journal Office, St. Bartholomew's Hospital, E.C. Telephone: City 510.